

Joseph Albert Nagy and Joseph Eugene Nagy
508 Pennsylvania Avenue
Phillipsburg, New Jersey 08865
(908) 454-7963

To: The Honorable Jeffrey Schmehl
James A. Byrne U.S. Courthouse
5614 U.S. Courthouse
601 Market Street
Philadelphia, Pennsylvania 19106

November 20, 2013 A.D.

RE: Documents for the Removed and Counterclaimed Civil Action
State Case No. c48-cv2013-8832
United States District Court Case No. 5:13-cv-05957-JLS
The Court's Order dated the 22nd day of October, 2013
Related Case No. 5:13-cv-01588-JHS

Dear Judge Schmehl,

How are you? We apologize for the noted filing fee oversight and also for being at fault for not filing copies of the process referenced in your Order. We are paying the fee and filing copies of the Complaint and the Notice to Defend filed by ManorCare of Easton PA LLC and served on Joseph A. Nagy. Joseph A. Nagy removed and counterclaimed the civil action on October 7, 2013.

Thank you,


Joseph Albert Nagy


Joseph Eugene Nagy
POA and Private Attorney General

cc: The Honorable Judge Joel H. Slomsky (via the Court Clerk)
George Vermeire/Aetna, Inc. (including process via U.S. Mail)
Katherine Nagy c/o Laurie Dart-Schnauffer (including process via U.S. Mail)
Steven E. Bernstein/Kennedy, PC Law Offices (via U.S. Mail)
Rodney Myer (via U.S. Mail)
Archie Disidore/County of Northampton (including process via U.S. Mail)
Lisa Spitale (including process via U.S. Mail)
The Honorable Judge Craig Dally (including process via U.S. Mail)
Edward Schuch, (including process via U.S. Mail)
Carole Hocking (including process via U.S. Mail)
Dr. Keyurkumar Dalsaniya (including process via U.S. Mail)
Dr. Stephen Ksiazek (including process via U.S. Mail)

**IN THE COURT OF COMMON PLEAS
NORTHAMPTON COUNTY, PENNSYLVANIA**

**MANORCARE OF EASTON PA LLC D/B/A
MANORCARE HEALTH SERVICES -
EASTON**

Plaintiff

v.

JOSEPH A. NAGY

Defendant

Civil Division

No.: C48-CV2013-8832

Law

NOTICE TO DEFEND - CIVIL

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within thirty (30) days (Plaintiff will extend the 20 day period set by the Pennsylvania Rules of Civil procedure to 30 days to comply with the Fair Debt Collections Practices Act) after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so, the case may proceed without you and a judgment may be entered against you by the Court without further notice for any money claimed or any other claim or relief requested by the plaintiff. You may lose money or property rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET HELP. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT PERSONS AT A REDUCED FEE OR NO FEE.

**Lawyer Referral Service
155 South Ninth Street
Easton, Pennsylvania 18042
(telephone 610-258-6333)**

If your plan provides for two appeals and your claim is a Pre-Service Claim (one for which a benefit must be approved before the receipt of medical care), you will receive notice of a determination within 15 days following receipt of your request. For other claims, you will receive notice of a determination within 30 days following receipt of your request. In either case, if you do not agree with such determination you have the right to file a second request for review. To initiate this process, you must submit a request by calling or writing to Aetna within 60 days from the date that you receive the appeal determination letter.

If your claim is an Urgent Care Claim (one where delay in making a decision could seriously jeopardize your life, health or ability to regain maximum function, or could subject you to severe pain in the opinion of your physician), you or your authorized representative, including your provider, may request an expedited review by calling the Aetna National Clinical Appeal Unit expedited appeal toll-free number at 1-800-243-5349 or faxing your request toll-free to 1-877-847-8372. The Aetna National Clinical Appeal Unit will document verbal requests in writing. You will be notified of a decision not later than 36 hours after receipt of your request for review. You may also be able to proceed with an expedited external review at the same time as the internal appeal if your claim is an Urgent Care Claim.

After your appeal to Aetna, if we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision. Contact your employer or refer to your plan documents for additional instruction on external review.

To Submit a Written Appeal Request

To request an appeal in writing, you or your authorized representative should submit a written request to:

Aetna Life Insurance Company
National Accounts CRT
P.O. Box 14001
Lexington, KY 40512

If you do not agree with the final decision you have the right to bring a civil action under Section 502(a) of ERISA, if applicable.


We Protect Your Privacy:

Protecting the privacy of member health information is a top priority at Aetna. When contacting us about this Notice or for help with other questions, please be prepared to provide the member's name, member ID number, and date of birth.

Patient Safety Information:

To learn more about patient safety and hospitals, please log on to The Leapfrog Group's web site at <http://www.leapfroggroup.org/>. This site will give you information on hospitals that have met specific safety standards. For Aetna participating hospitals, this information is also available on Aetna's DocFind web site at <http://www.aetna.com/docfind/>.

We hope this information has answered your coverage questions. Member Services representatives are available to help health care professionals and members with any questions about eligibility, plan benefits, claims and coverage decisions. If you have additional questions or if you would like to request copies of documents related to the coverage decision, call the toll-free Member Services number on your member ID card.



George D. Vermeire, D.O.

Medical Director

Aetna

The physician involved in making this decision may also be reached at (800) 462-7556.

A copy of this letter is also being sent to:

KATHERINE NAGY

DILIP BERA

MANORCARE, HOUSTON 211516

Page 3 of 3

NOTICE REQUIRED BY 15 U.S.C. §1692g

Kennedy, PC Law Offices is a debt collector for ManorCare of Easton PA LLC d/b/a ManorCare Health Services - Easton ("ManorCare"). This is an attempt to collect the debt of \$172,709.75 due and owing ManorCare for the cost of goods and services ManorCare has provided, and will provide, to Katherine Nagy through August 31, 2013, plus any additional amounts owed ManorCare as a result of Aetna recovering any of the \$12,090 paid to ManorCare for May 2012, and plus the cost of goods and services ManorCare provides to Katherine Nagy after August 31, 2013. Unless you notify Kennedy, PC Law Offices within 30 days after receipt of the complaint and this notice that you dispute the validity of this debt or any portion thereof, Kennedy, PC Law Offices will assume the debt is valid and demand immediate payment. If you notify Kennedy, PC Law Offices in writing within 30 days after receipt of the complaint and this notice you dispute this debt or any portion thereof, Kennedy, PC Law Offices will obtain verification of the debt and mail the same to you. Any information you provide will be used in the collection of the debt.

IN THE COURT OF COMMON PLEAS
NORTHAMPTON COUNTY, PENNSYLVANIA

FILED

SEP -3 P 3:51
COURT OF COMMON PLEAS
CIVIL DIVISION
NORTHAMPTON COUNTY, PA

MANORCARE OF EASTON PA LLC D/B/A
MANORCARE HEALTH SERVICES -
EASTON

Plaintiff

v.

JOSEPH A. NAGY

Defendant

Civil Division

No.:

Law

048-CV2013-8832

COMPLAINT

AND NOW, COMES Plaintiff, ManorCare of Easton PA LLC d/b/a ManorCare Health Services - Easton ("ManorCare"), by and through its attorneys, Kennedy, PC Law Offices, and files the within Complaint against the Defendant, Joseph A. Nagy, and in support thereof states as follows:

1. ManorCare owns and operates a nursing facility located at 2600 Northampton St. Easton, PA 18045.
2. Katherine Nagy is an adult individual who resided at ManorCare's facility from April 17, 2012 to June 27, 2012 and has resided at ManorCare's facility from July 3, 2012 to present.
3. Joseph A. Nagy, Katherine Nagy's husband, is an adult individual who, on information and belief, resides at 508 Pennsylvania Avenue, Phillipsburg, NJ 08865.
4. On November 30, 2012, Katherine Nagy's Medicaid application was filed with the Northampton County Assistance Office ("CAO").

5. On January 15, 2013, the CAO issued a notice denying Katherine Nagy's Medicaid application because Katherine Nagy and Joseph A. Nagy did not provide to the CAO information requested by the CAO. (A copy of the CAO's January 15, 2013 notice is attached as Exhibit "A").

6. On February 13, 2013, ManorCare's counsel filed a timely appeal of the January 15, 2013 Medicaid notice.

7. On information and belief, Joseph A. Nagy has taken no action to collect and provide to the CAO the information and documents it requires to determine Katherine Nagy's Medicaid eligibility.

8. A hearing on the Medicaid appeal has not yet been scheduled.

9. If Joseph A. Nagy does not immediately take the actions necessary to obtain and provide to the CAO the information it requires, it is very likely Katherine Nagy's Medicaid appeal will be dismissed and she will lose potential Medicaid eligibility worth thousands of dollars.

10. Although Mrs. Nagy has private insurance with Aetna, Aetna has only paid ManorCare \$12,090 to cover the cost of the goods and services ManorCare provided to Katherine Nagy in May 2012.

11. ManorCare also submitted claims to Aetna for coverage of the cost of the goods and services ManorCare provided to Katherine Nagy in April 2012 and from June 2012 through September 2012.

12. On July 6, 2013, Aetna issued a final denial of the claims submitted to Aetna for Katherine Nagy for April 17, 2012 through present.

13. It is likely Aetna will soon request ManorCare return to Aetna the \$12,090 Aetna previously paid to ManorCare for the care ManorCare provided to Katherine Nagy in May 2012.

14. It is likely Joseph A. Nagy mistakenly believes Aetna must pay all of the cost of the goods and services ManorCare has provided and will provide to Katherine Nagy and, if Aetna doesn't cover those costs, that ManorCare is prohibited from seeking payment for those costs. That is incorrect.

15. ManorCare's representatives did everything they reasonably could to obtain payment from Aetna.

16. The law does not require ManorCare forego seeking private payment from Katherine Nagy and Joseph A. Nagy, at this time.

17. If ManorCare must return the \$12,090 to Aetna, paid by Aetna to ManorCare for Katherine Nagy's care in May 2012, the total balance owed through August 31, 2013 on Katherine Nagy's account with ManorCare, will be \$184,799.75.

18. If Aetna does not require ManorCare return the \$12,090, the total balance owed through August 31, 2013 on Katherine Nagy's account with ManorCare will be \$172,709.75.

Count One
ManorCare v. Joseph A. Nagy
Breach of Statutory Duty of Support

19. The allegations contained in Paragraphs 1 through 18 are hereby incorporated by reference as if fully set forth at length herein.

20. Joseph A. Nagy is Katherine Nagy's husband.

21. Joseph A. Nagy was and is statutorily obligated to provide financial support for the welfare of Katherine Nagy, if Katherine Nagy was and/or is indigent, and to pay ManorCare for the goods and services ManorCare has provided, and will provide, to Katherine Nagy pursuant to the Pennsylvania's Statutory Duty of Support found at 23 Pa.C.S. §4603.

22. Katherine Nagy may be indigent and may have been indigent, at all times pertinent.

23. As a result of Joseph A. Nagy's refusal to use Katherine Nagy's and his assets and/or income to pay for the cost of the goods and services ManorCare provided to her, Katherine Nagy may have been, and may continue to be, in effect, indigent at all times pertinent.

24. Joseph A. Nagy has not paid the outstanding balance owed to ManorCare for the goods and services ManorCare provided to Katherine Nagy.

25. Joseph A. Nagy may have had, at all times pertinent, sufficient financial ability to support Katherine Nagy.

26. Joseph A. Nagy's failure to pay ManorCare for the cost of the goods and services ManorCare provided to Katherine Nagy is a breach of his statutory duty of support for Katherine Nagy.

27. As a result of Joseph A. Nagy's breach of his statutory duty of support, ManorCare has suffered damages.

WHEREFORE, ManorCare requests the Court order Joseph A. Nagy to pay ManorCare \$172,709.75, plus any amount owed as a result of Aetna recovering any of the \$12,090 paid to ManorCare for May 2012, plus the cost of goods and services ManorCare provides to Katherine Nagy after August 31, 2013, and plus any other relief the Court may deem appropriate for Joseph A. Nagy's breaches of his statutory duty of support.

Respectfully Submitted,

Date:

8/29/13

By:



Rodney A. Myers, Esquire
Attorney U.D. No.: 89381
KENNEDY, PC Law Offices
P.O. Box 172
Cedars, PA 19423
(717) 233-7100, Ext. 118

Attorneys for Plaintiff

4918-12 (Complaint)

VERIFICATION

The undersigned hereby verifies the statements of fact in the foregoing document are true and correct to the best of his/her knowledge, information, and belief. He/She understands any false statements therein are subject to the penalties contained in 18 Pa. C. S. § 4904, relating to unsworn falsification to authorities.

Date: 8/12/13

SIGNATURE:

Edward Schuch

PRINTED NAME:

Edward Schuch

PRINTED JOB TITLE:

Administrator

On Behalf of Plaintiff, ManorCare of Easton
PA LLC d/b/a ManorCare Health Services -
Easton

EXHIBIT A

02/13/2013 14:18

6102502799

Notice ID: 9012945924

NORTHAMPTON CAD
P.O. BOX 10
201 LARRY HOLMES DRIVE
EASTON, PA 18044-0835

Mail Date: 01/15/2013

Katherine Nagy
Manorcare
2000 Northampton St
Easton, PA 18045

pennsylvania

DEPARTMENT OF PUBLIC WELFARE

OFFICE OF INCOME MAINTENANCE

Record ID: 480277594

Telephone: 1-800-346-6122

Notice ID: 9012945924

COMPASS: The fast and easy way to apply for benefits



www.compass.state.pa.us

RECEIVED

1-17-2013

DEAR KATHERINE NAGY,

We received your request for the following benefits. If you have a question, please call the number listed above.

 Medical Assistance	<p>Your eligibility for benefits has been reviewed and you do not qualify for Medical Assistance because you did not give us the information we asked for. Read this letter for more information.</p> <p>If you do not agree with this decision, fill out the enclosed Fair Hearing form, then mail it or give it to your caseworker by February 14, 2013.</p>
 Long Term Care	<p>You do not qualify for payment of services in a Long Term Care facility because you did not give us the information we asked for. Read this letter for more information.</p> <p>If you do not agree with this decision, fill out the enclosed Fair Hearing form, then mail it or give it to your caseworker by February 14, 2013.</p>

If you have a disability and need this letter in large print or another format, please call our helpline at 1-800-692-7462. TDD Services are available at 1-800-451-5886.

If you do not agree with our decision, you have the right to a Fair Hearing. To learn more about Fair Hearings, read Your Right to Appeal and to a Fair Hearing.

Do you need legal help? You can get free legal help by visiting:

NORTH PENN LEGAL SERVICES at 85 EAST ELIZABETH AVENUE, SUITE 500, BETHLEHEM, PA 18103 or by calling (610) 317-8757.

Record ID: 480277594

Mail Date: 01/15/2013

Page 1 of 6

PA 102 "901294592430000100"

Your Medical Assistance Benefits

KATHERINE	
	January 14, 2013
	This is the law we used to make this decision: 55 Pa. Code §§ 125.1(d), 155.2, 181.1(d), 201.1, 201.3, 201.4, 257.24
<p>KATHERINE: (Starting 01/14/2013) You no longer qualify for this benefit because you failed to provide information needed to decide if you qualify. The following information was not received:</p> <p>Name(s): Item(s): VERIFICATION - INFORMATION JOSEPH NAGY REPRESENTING - SEE VERIFICATION CHECKLIST INCLUDED WITH - KATHERINE NAGY APPOINTMENT LETTER -</p> <p>This information was due by 01/03/13.</p>	

Long Term Care

KATHERINE	
	January 14, 2013
	This is the law we used to make this decision: 55 Pa. Code §§ 125.1(d), 155.2, 181.1(d), 201.1, 201.3, 201.4, 257.24
<p>KATHERINE: (Starting 01/14/2013) You do not qualify for payment of services in a Long Term Care facility because you do not qualify for Medical Assistance.</p>	

If you do not agree with this decision...

Questions

Your Right to Appeal and to a Fair Hearing

What does right to appeal mean?

Your right to appeal means that you have the right to ask us to review our decision, if you think that we made a mistake. You can ask us to review our decision at a fair hearing.

What is a fair hearing?

A fair hearing is a meeting where you, the county assistance office (CAO), and a judge can talk about your appeal.

When can you ask for a fair hearing?

You can ask for a fair hearing if:

- you apply for benefits and you get a letter saying you do not qualify, or
- you get a letter saying that your benefits will stop or change, or
- you do not agree with the amount of your benefit.
- you receive Medical Assistance through the Children with Special Needs category (sometimes called PHI 95) and you disagree with the calculation of your maximum monthly copayment liability or the calculation that your family income is above 200 percent of the Federal Poverty Income Guidelines.

How can you ask for a fair hearing?

You can call the CAO to ask for a fair hearing if you get a letter telling you about a decision that you think is wrong. If the decision is for Cash Assistance, Medical Assistance, Low Income Home Energy Assistance Program, LIHEAP, or State Supplementary Payment, SSP, you must also complete the attached Fair Hearing Form. If the decision is for SNAP (Food Stamps) fill out the form and send it to us. You do not have to do this, but it's easier for us to track your appeal if you do.

Do you need legal help?

You can get free legal help by calling

NORTH PENN LEGAL SERVICES

at 65 EAST ELIZABETH AVENUE, SUITE 800

BETHLEHEM, PA 18103 or by calling (610) 217-8767.

If you want to ask for a fair hearing...

1. Choose the kind of fair hearing you want:

- A telephone hearing at a place you choose. Tell us which phone number to use, such as your own, or a friend or relative's phone number. If you choose this kind of hearing, make sure we can reach you at this phone number.
 - The judge will call you and everyone in your case, such as your witnesses, anyone helping you, and the county assistance office (CAO).
- A telephone hearing at the CAO. You will go to the CAO for your hearing.
 - The judge will call you there in the office, and call anyone helping you.
- A face-to-face hearing with everyone in the hearing room.
 - You can choose to have your hearing in Erie, Harrisburg, Philadelphia, Pittsburgh, Plymouth, or Reading.
 - The judge, you, CAO staff, witnesses and anyone helping you will be in the room.
- A face-to-face hearing with some people in the hearing room and some people on the phone.
 - You can choose to have your hearing in Erie, Harrisburg, Philadelphia, Pittsburgh, Plymouth, or Reading.
 - You and anyone helping you will be in the hearing room with the judge. The CAO staff will be on the phone.

2. Fill out and sign the Fair Hearing Form included in this packet.

3. Mail the form to:
- NORTHAMPTON CAO, P.O. BOX 10
201 LARRY HOLMES DRIVE
EASTON, PA 18044-0039**

or give this form to the CAO.

PAGE 102 P.512

- For Cash Assistance, Medical Assistance, or SSP, you must mail or give the form to the CAO within 30 days of the mailing date on your letter.
- If you are applying for SNAP and you do not agree with the decision, you must mail or give the form to the CAO within 90 days of the mailing date on your letter.
- If you already get SNAP and you do not agree with the decision, you must mail or give the form to the CAO within 90 days of the first day of the month that your benefits change.
- For LIHEAP you must mail or give the form to your CAO within 30 days of the mailing date on your letter.

Reminder: You may continue to receive your benefits while you wait for your fair hearing if:

1. This letter tells you that your benefits will stop or be reduced; and
 - This letter provides you a date to request an appeal and to continue your benefits while you wait for the Fair Hearing Decision; and
 - We receive your request for appeal by that date;

OR

2. This letter tells you that your benefits will stop or be reduced; and
 - The reason for this change is because of information you provided on a semiannual reporting form; and
 - Your request for appeal is received or postmarked within 10 days of the mailing date on this letter.

Reminder: You may continue your maximum monthly copayment (or no copayment if you do not currently have a copayment) if you receive Medical Assistance in the Children with Special Needs category and this letter tells you the amount of your maximum monthly copayment liability, and

- You disagree with the calculation of your maximum monthly copayment liability or the calculation that your family income is above 200 percent of the Federal Poverty Income Guidelines; and
- Your request for an appeal is received or postmarked within 10 days of the mailing date on this letter.

Can you talk with us before the fair hearing?

Yes. You will get a letter from the CAO asking if you want to meet before the fair hearing takes place. A meeting before the hearing is called a pre-hearing conference. This meeting will not delay or replace your fair hearing. You can use this meeting to tell us if you have information that you think might change our decision. You can bring someone to speak for you if you want to.

Can you get a copy of any information we used to make our decision?

Yes, you can ask for a copy of all the documents that will be used at the hearing.

Who can come to the hearing?

You can bring anyone to the hearing, such as witnesses who might have information. You can speak for yourself or bring someone to speak for you who knows more about the rules of the program.

What if you speak another language, are deaf or have another disability?

You can ask for an interpreter or other assistance to be at the fair hearing on the attached Fair Hearing Form. This is a free service. You may bring a friend or relative to help you at the hearing, but the department will provide the official interpreter.

What happens at a fair hearing?

1. The CAO will tell you and the judge how they made their decision. You may ask questions.
2. You will have time to tell the judge your side of the case. Someone can speak for you (if you want), and your witnesses can speak. You may show documents to the judge.
3. The judge may ask questions.

When will you know what the judge decided?

The judge will send you the decision within 90 days (within 60 days for SNAP) of the day you asked for the hearing.



Call the Statewide Customer Service Center at 1-877-395-5838.

In Philadelphia, call 1-215-590-7226.

The call is free. Call Monday to Friday from 8 a.m. to 6 p.m.

02/13/2013 14:18

6182582799

BUSINESS OFFICE 574

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Notice ID: B012945924

What happens if the judge decides the CAO is right?

If the judge decides that the CAO made the right decision, your benefits will change or stop.

► You may have to pay back some or all of the benefits you got while waiting for your hearing.

What if you do not agree with the judge's decision?

You can appeal again. The judge's decision letter will tell you how to appeal.



Questions

Call the Statewide
Customer Service
Center at
1-877-395-8830.

In Philadelphia,
call
1-215-604-7226.

The call is free.
Call Monday to
Friday from 8 a.m.
to 5 p.m.

Can Hearing Form

1. Name: Katherine Nagy

Case Number: 48/0277594

Phone number:

Address: Manorcare
2600 Northampton St Easton, PA
18046

2. Tell us which program you want to appeal:

☐ Other

3. Choose the way you want your hearing:

☐ By telephone, at the phone number you write on this form

☐ By telephone, at the CAO.

☐ Face-to-face, with CAO staff and a judge in the hearing room.

☐ Face-to-face, with you and the people you bring in the hearing room with a judge and CAO staff on the phone.

4. Do you need a live interpreter? ☐ Yes ☐ No

If yes, what language? _____

5. If you will need help at the appeal because of a hearing impairment or other disability, please tell us how we can help you. There is no cost to you for this service.

6. Tell us why you want to appeal: _____

7. Signature: _____

8. Date: _____

9. Representative Name: _____

10. Representative Address: _____

11. Representative Telephone Number: _____

The Bureau of Hearings and Appeals will send you a letter to tell you when and where your hearing will be.

PA-13-102 F-011

02/13/2013 14:10 5182502799

BUSINESS OFFICE 574

PAGE 07/07

Notice ID: 0012045824

EXHIBIT B

Rawlings Financial Services, LLC

ACCELERATED RECOVERY DIVISION

Post Office Box 589
 LaGrange, Kentucky 40031-0589
 One Eden Parkway
 LaGrange, Kentucky 40031-8100
 Phone: 1-888-258-8060 ext. 2620
 Fax: (502) 753-6999
 Brenda Manion

2/5/2013

REFUND REQUEST

Manorcare
 Billing/Refund Dept
 2600 Northampton Street
 Easton, PA 18045

Attn: Billing/Refund Dept

Our client, Aetna Traditional was billed in error and paid in good faith for the services referenced below as the primary carrier. However, Medicare was primary on the date(s) that services were provided by your organization. Please bill Medicare as soon as possible. Once you have received payment, please issue a check made payable to Aetna Traditional. Please forward to The Rawlings Company LLC at the address below.

Patient: KATHERINE NAGY	DOB: 5/23/1930
Invoice Date: 01/31/2013	ID #: 002669805W02
Primary ID #: 152149575B	Total Paid: \$12090.00
Account #: 30223000J6MAE	File #: 584951
Date(s) of Service: 05/01/2012 - 05/31/2012	TOTAL REFUND DUE: \$12090.00

Please include this completed form and a copy of the primary carrier's EOB with your payment.

If you wish to appeal this request you must submit this in writing to The Rawlings Company within 45 days of receipt of this letter. If you have any questions or need additional information, please feel free to contact Brenda Manion at (502) 814-2620.

Sincerely,

The Rawlings Company

AMOUNT ENCLOSED \$ _____

FILE #556-584951



Mail payment to:
 The Rawlings Company LLC
 Audit Division
 P.O. Box 2010
 LaGrange, KY 40031-2010

ARD_AEH_AUD_1_081310

EXHIBIT C

*****AUTOCORRECTION*****
1477 1 41 8-374
MANORCARE
2600 NORTHAMPTON STREET
EASTON PA 18045-2656

Member Name:	KATHERINE NAGY
Admission Date:	09/27/2012
Date of Birth:	05/23/1930
Reference Number:	1775-1937-0020-0000

Employer Name: INGERSOLL RAND COMPANY
Employer Account Number: 697684-40-502

Access care nationally recognized clinical guidelines and resources, such as *Milliman Care Guidelines*, as well as Aetna Clinical Policy Bulletins (available on Aetna's website at http://www.aetna.com/cpb/wpp_menu.html), to support these coverage decisions.

Coverage Decision For: 08/27/2012-10/04/2012 6 Day(s) Skilled Nursing

Coverage for this service has been denied for the following reason:

We have reviewed information received about the member's condition and specific circumstances using the Milliman Care Guidelines for Recovery Facility Care. Based on this review, coverage for the requested admission has been denied. The information received does not show that the member has daily skilled needs that require skilled nursing facility admission. Further treatment could be provided in another setting, such as an outpatient setting or home.

(Medical Necessity Denial) This coverage denial was based on the terms of the member's benefit plan. The plan does not cover services that are not medically necessary. Please see the reference to non-medically necessary services listed in the Exclusions section of the benefit booklet/handbook or refer to the description of medically necessary services in the Requirements For Coverage section in the Glossary section of the benefit booklet/handbook.

(Skilled Nursing Facility Denial) This coverage denial was based on the terms of the member's benefit plan. The plan does not cover the treatment of certain conditions in a skilled nursing facility. Please see the limitations on skilled nursing facility or convalescent facility benefits in the What The Plan Covers or the Comprehensive Medical Expense Coverage section of the benefit booklet/handbook.

We must be notified if the patient's hospital stay continues beyond the days reviewed on this letter. When the review of the subsequent days is completed, you will be notified of the decision.

Information About Coverage Denials

MANORCARE, HOUSTA211516
Page 1 of 3

For these purposes, "coverage" means either the determination of (i) whether or not the particular service or treatment is a covered benefit pursuant to the terms of the particular member's benefits plan, or (ii) where a provider is required to comply with Aetna's utilization management programs, whether or not the particular service or treatment is payable under the terms of the provider agreement.

Note: Our decision is limited to whether the health care services are a covered benefit under this member's health care plan. The treating practitioner, in consultation with the member, remains responsible for determining the appropriateness of treatment and its determination to provide and obtain health care services that are not covered benefits under the member's health care plan.

The clinical criteria upon which this decision was based are available free of charge upon request by calling our Member Services department using the phone number displayed on the member's ID card.

Participating Providers: Please be advised that for services encompassed within the scope of your provider services contract with Aetna, you are prohibited from seeking payment from the member.

If you would like to discuss this coverage decision with an Aetna Medical Director, please call Aetna within 14 calendar days from the date at the top of this letter.

Provider Appeal Rights: You may appeal this coverage decision if you disagree. If this is a prospective or concurrent decision for services not yet provided or for ongoing services such as an inpatient stay, any appeal would be considered on behalf of the member. Please see the member appeal rights below. If this is a retrospective decision for services that have been completed, you may appeal within 180 days of your receipt of this denial notice. If you decide to appeal, your appeal should include a copy of this denial notice, an explanation of the treatment rationale, and all supporting documents to be considered, including a copy of any pertinent medical records.

To request an appeal on behalf of the member, follow the member appeal instructions below and clearly state that your appeal is on behalf of the member. If your appeal is not on behalf of the member, send your appeal to the following address: Aetna, Attn: Provider Resolution Team, P.O. Box 14020, Lexington, KY 40512.

Member Information and Appeal Rights

Members: You or someone you name to act for you (your authorized representative) may request a review (appeal) of this coverage decision either by phone or in writing if you do not agree. To request an appeal by phone or for help in designating an authorized representative, call the Aetna Member Services toll free telephone number listed on your member identification card. To request an appeal in writing, you or your authorized representative should submit a written request to Aetna Health Inc. at the below address.

Your request for review must be mailed or delivered within 180 days following receipt of this notice, or such longer period as may be specified in your plan brochure or Summary Plan Description. Your request should include the group name (e.g., your employer), your name, member identification number (or date of birth) and other identifying information, and the comments, documents, records and other additional information you would like to have considered. You may also request access to documents relevant to your claim free of charge by calling the Aetna Member Services toll-free telephone number listed on your member identification card.

ONE LEVEL APPEAL PROCESS:

If your plan provides for a single appeal and your claim is a Pre-Service Claim (one for which a benefit must be approved before the receipt of medical care), you will receive notice of a determination within 30 days following receipt of your request. For other claims, you will receive notice of a determination within 60 days following receipt of your request.

If your claim is an Urgent Care Claim (one where delay in making a decision could seriously jeopardize your life, health or ability to regain maximum function, or could subject you to severe pain in the opinion of your physician), you or your authorized representative, including your provider, may request an expedited review by calling the Aetna National Clinical Appeal Unit expedited appeal toll-free number at 1-800-243-5349 or faxing your request toll-free to 1-877-867-8372. The Aetna National Clinical Appeal Unit will document verbal requests in writing. You will be notified of a decision not later than 72 hours after receipt of your request for review. You may also be able to proceed with an expedited external review at the same time as the internal appeal if your claim is an Urgent Care Claim.

TWO LEVEL APPEAL PROCESS:

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